

NOTIFICATION OF FACILITY CHANGE FORM

Submit to: Arizona Department of Education, Exceptional Child Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

This form is to be used only when a child with an existing voucher is transferred from one PRF to another PRF, or is re-entered in the PRF from which the child was recently withdrawn.

PLEASE PRINT:

NAME OF CHILD: _____ DOB: ____/____/____

Voucher Number: _____ School District: _____

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE INFORMATION REQUESTED FOR SECTION CHECKED:

☐ **Transfer**

Date of transfer: ____/____/____

Previous facility: _____

New facility: _____

☐ **Re-entry**

Residential Facility: _____

Reason for withdrawal: _____

Date of withdrawal: ____/____/____ Date of re-entry: ____/____/____

STATE PLACING AGENCY: _____

Contact Person: _____ Phone () _____

Signature of SPA Representative

Date